FEE TRANSMITTAL							
<b>FOR FY 2005</b>							

Patens fees are subject to annual revision.

Applicant claims small entity status. See 37 CPR 1.27

TOTAL AMOUNT OF PAYMENT (\$)450.00

	Complete if Known	RECEIVED			
Application Number	10/828,504				
Filing Date	April 21, 2004	CENTRAL FAX CENTER			
First Named Inventor	John Sheirs et al.				
Examiner Name	Jessica Rossi	AUG 3 1 2005			
Art Unit	1733	1 2000			
Attorney Docket No.	743414-15				

METHOD OF	PAYMENT (check all that appl	(v)	7	-			CER CALC	V15 4 PROPERTY		
			3. ADDITIONAL FEES				FEE CALC	ULATION (c	mtinued)	<del></del>
Check C Credit Card Money Other None			J. ADDITIONAL PERS			rem				
Deposit Account:			Large Entity   Small Entity				_			
Deposit Account 19-2380 [740756-2533]			Fee Code	Fee (S)	Fee	Fee		Fee Descri	ption	
Number	- [ · · · · · · · · · · · · · · · · · ·		1051	130	2051	(\$) 65	Surebarne	- late filing foe o	or noth	
			1052	50	2052	25			filing fee or cover	
Deposit		_	l				sheet	•		<u></u>
	Peabody LLP	- 1	1053	130	1053	130	Non-Engli	sh specification		
Name			1012	2,520	1812	2,520	For filing a	a request for exp	arte rocksmination	
The Commissioner is an	inorized to: (check all that appl	(u)	1804	920*	1804	920*		publication of S	SIR prior to Examiner	
Charge fee(s) indicated	(m)		1805	1.840=	1805	1,840*	action		IR after Examiner	
ICE		payments				1,040	action	2 pooneanon or 3	IN ALVEL EXHIUNCE	
			1251	120	2251	60	Extension	for reply within t	firet month	
Charge fee(s) indicated to the above-identified deposit	below, except for the filing fee		1252	450	2252	225	Extension	for reply within t	second month	\$450.00
no me poove-identifica deposi	account.		1253	1,020	2253	510	Extension	for reply within t	hird month	
FE	E CALCULATION		1254	1,590	2254	795	Extension	for reply within i	Sourch month	
1. BASIC FILING FEE			1255	2,160	2255	080, 1	Extension	for reply within i	ifth month	<u> </u>
Large Entity Small Br		+	1401	500	2401	250	Notice of			<del></del>
For Fee Fee I Code (5) Code (	ee Fee Description		1402	500	2402	250		ief in support of a	A Amneni	<b></b>
Code (3) Code (	rec	Paid	1403	1,000	2403	500			··· oblem	
1001 300 2001			1451	1,000	1451	1,510		r oral hearing institute a public		
1	150 Utility filing fee		1452	500	2452	250		revive – umavoid	•	<b></b>
	100 Design filing fee									
1003 200 2003	100 Plant filing fee		1453	1,500	2453	750	097/1827/20	185°4B11415°	<sup>ion</sup> 80000006 1923	<u>80 108285</u> 04
	150 Reissue filing fee		1501	1,400	2501	700	· · - · -	e fee (or reissue)		
1005 200 2005	100 Provisional filing fee		1502	800	2502	400	(Design San		450.00 DA	
۱ .			1503	1,100	2503	550	Plant issue			
SUBTOTAL (1) (5) 0			1460	130	1460	130	Petitions to	the Commission	ner .	
			1807	50	1807	50	Processing	fec under 37 CF	R 1.17(q)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1806	180	1806	180	Submission	n of Information	Disclozure Stmr	
Fee from			8021	40	8021	40			nment per property	
Total Claims 59 -719		ee Paid	1809	790	2809	395		iber of properties braission after fit		<b> </b>
l <u>=</u>							(37 CFR 1.		mi repositor.	<u> </u>
Independent 04 -4=4	- 0 x 200 -	00	1810	790	2810	395				
Multiple Dependent	x - 0	<del></del>	1801	790	2801	395	(37 CFR 1. Request for	.129(0)) r Continued Exas	mination (RCE)	<del></del>
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Large Entity Small E. Fee Fee Fee F			1802	900	1802	900			ination of a design	
Fee Fee Fec F Code (5) Code (1	ce <u>Fee Description</u>		<b>~</b> .	ا ،	! 		application	1		
ľ	5 Chims in excess of 20		Other	fee (specif	(y)					
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	insopendent canno in capes	1013	*Redu	ced by Sa	sic Pilir	g Fee Paid	1	SUBTOTAL	CD (\$5 450.00/	
1203 360 2203 19		not paid				_				
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1205 50 2205 2	original patent  S *** Reissue claims in excess of	100 and	I her	eby certify			ndence is bei		2	ſ
	over original patent	VI 47 1114						_	n the date shown below	with sufficient
	SUBTOTAL (2) (5)0.00								ed to: Mail Stop	
**or number previously pa	id, if greater, For Reissues, see above	,						, ,	andria, VA 22313-1450	
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August 31, 2005 \text{ \text{MONOV} } \text{ \text{ONOV} } \text{ \text{ONOV} }							LUCK I			
	Date Signature									
	Shoshone Abdulkariam Typed or rejuted days							<b>-</b>		
Typed or printed stame										
SUBMITTED BY Complete (if applicable)										
			Registration No. (Altorney/Agent) 32,815 Telephone (202) 585-8000				·			
Signature (All					<u>/ L</u>			Date	August 31 200	15